MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 07030414

APPLICANT(S):

FILING DATE:

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						51							
2		1					52							
3		1	1				53							
4		1					54							
5		1					55							
6		1	1				56							
7	1						57							
8	1						58							
9		1	1				59							
10							60							
11							61							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		2				TOTAL IND.							
TOTAL DEP.		6		1			TOTAL DEP.							
TOTAL CLAIMS	9		3				TOTAL CLAIMS							

-1300 (8-70)